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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.	ł	OTH	INS	PORT OIL	AND NA	I UHAL GA					
Operator							Well A	.PI No. ``.	5 - 05	~97	
Sirgo Operating, I	nc.			<u> </u>				Ud.	<u>ر</u> ر		
P.O. Box 3531, Mid	lland, T	'exas	79	702							
Reason(s) for Filing (Check proper box)			_		Oth	et (Please expli	zin)				
New Well	Oil	Change in	Tran Dry	sporter of:	E	ffective	6-1-90				
Recompletion	Casinghead	Gas		densate		,					
If change of operator give name			PΛ	Box 48	1 Artes	ia, New	Mexico	88211-0	0481		
			<u>, , , , , , , , , , , , , , , , , , , </u>	• BOX 40	1 4 AILCO	14, 110	11CM LCO		<u></u>		
II. DESCRIPTION OF WELL		SE Well No.	Pool	Name, Includi	ne Formation		Kind o	of Lease	L	ease No.	
Lease Name  East Eumont Unit  Well No.   Pool Name, Including the pool										2721	
Location Unit Letter	: 19:	80	_ Feet	From The	<u> </u>	e and	<u>80</u> Fe	et From The	W	Line	
Section 15 Township 195 Range 37E , NMPM, Lea County											
TI DESIGNATION OF TRAN	SPORTE	S OF O	TT. A	ND NATH	RAL GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Injection											
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	. Rge.	Is gas actually connected? When?						
f this production is commingled with that i	rom any other	r lease or	pool,	give comming!	ing order num	рег:				<del></del>	
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		' ¦	Oas Well	New Well			I lug Dack			
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RXB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe					
TUBING, CASING AND C						CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
							····				
/. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E							
OIL WELL (Test must be after re			of loa	d oil and must					or full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	<u> </u>				<u> </u>			L			
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	sate/MMCF		Gravity of C	ondensate		
#					Coolea Descript (Shut in)			Choke Size			
esting Method (pitot, back pr.)	ing Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			CHOKE SIZE		
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and complete to the heat of my knowledge and helief					JIIN 2 0 1000						
is true and complete to the best of my knowledge and belief.					Date Approved						
Bonnie / Murater					D.	_		OAIEN DY	REDDY CEN	KTOM	
Signature Production Took					By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR						
Bonnie Atwater Production Tech.  Printed Name Title					Title		Di31			•	
June 6, 1990	915	/685-	087 phone		''				· · · · · · · · · · · · · · · · · · ·		
Date		1 616	DINONE	: TAO'	11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.